Hospital OQR Program Cliff Notes:
What You Need to Know for Successful Reporting
Question and Answer Summary Document

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Subject-matter experts researched and answered the following questions during the live webinar. The questions and responses may have been edited for clarification and grammar.

Question 1: **In the Hospital Quality Reporting (HQR) system, can our hospital leave the OP-31: Cataracts: Improvement in Patient's Visual Function Within 90 Days Following Cataract Surgery measure blank, or must we select: "*Enter zeros for this measure as I have no data to submit*?"**

As OP-31 is a voluntary measure, you can either leave it blank or select: "*Enter zeros for this measure as I have no data to submit*." Both options are acceptable.

Question 2: **For the survey measures, are cases only for applicable surgeries or all outpatient encounters?**

The surveys for OP-37a–e (Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems [OAS CAHPS]) will be administered to all eligible patients who had at least one surgery/procedure during the applicable month. The guidelines are located on the OAS CAHPS website.

Question 3: **Must hospitals enter data for OP-38: COVID-19 Vaccination Coverage Among Healthcare Personnel separately for the Hospital Outpatient Quality Reporting (OQR) and Hospital Inpatient Quality Reporting (IQR) Programs in the National Healthcare Safety Network (NHSN) system, or do hospitals receive credit for both programs?**

NHSN sends data for this measure to CMS by the facility's CMS Certification Number (CCN). Therefore, hospitals that report data to NHSN under the same CCN receive credit for both programs.

Question 4: **For OP-37, is data submission mandatory for the calendar year (CY) 2024 reporting period for ambulatory surgical centers (ASCs) and for the CY 2025 reporting period for hospitals?**

No. Voluntary reporting for ASC-15 a–e (OAS CAHPS) for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program begins with the CY 2024 reporting period, and mandatory reporting begins with the CY 2025 reporting period for the CY 2027 payment determination. Voluntary reporting for the OP-37a–e (OAS CAHPS) for the Hospital OQR Program begins with the CY 2023 reporting period, and mandatory reporting begins with the CY 2024 reporting period for the CY 2026 payment determination.

Question 5: **On slide 18, is CY 2025 payment determination the same as saying fiscal year (FY) 2025? Would failure to submit data for Quarters (Qs) 2 through 4 2023 determine what the hospital is paid in CY 2025?**

Calendar Year and Fiscal Year deadlines and annual payment update (APU) determination dates are not the same. For the Hospital OQR Program, if a hospital fails to submit Q2-Q4 2023 clinical measure data for OP-22: Left Without Being Seen, OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy In Average Risk Patients, or OP-38: COVID-19 Vaccination Coverage Among Healthcare Personnel, it would fail program requirements for the CY 2025 payment determination; that is, a reduction to the hospital's APU would be incurred January 1, 2025 through December 31, 2025.

Question 6: **Will we submit the OP-40: ST-Segment Elevation Myocardial Infarction (STEMI) electronic clinical quality measure (eCQM) via a Quality Reporting Document Architecture (QRDA) Category I or Category III file?**

Data for this measure will be submitted via QRDA Category I files. You can find additional information and specifications for this measure on the eCQI (electronic Clinical Quality Improvement) Resource Center website under the OQR Measures.

Question 7: **When will the lists of hospitals chosen for validation be released?**

The CMS Clinical Data Abstraction Center (CDAC) will notify hospitals selected for validation, and the list of current and previously chosen hospitals are posted on QualityNet. The CY 2024 list of hospitals selected for outpatient validation was published in August 2022. For information on the validation and notification process, please reach out to Validation@telligen.com or the QualityNet Question and Answer Tool.

Question 8: **If a facility has been selected for inpatient validation, are they eligible for outpatient validation at the same time?**

Yes. The processes to select hospitals for validation in the Hospital IQR and Hospital OQR Programs are independent of each other and hence the hospitals can be selected for inpatient and outpatient validation at the same time.

Question 9: **If a case for OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy In Average Risk Patients is an exclusion, does it count towards the sample size? Our population was 657. We reviewed/abstracted 103 cases, and 21 were denominator exclusions. Is our sample size 103 or 82?**

You will gather your population size based on cases that meet the denominator criteria (and would not include cases with exclusions). Based

on what you have provided, if you had a total of 657 cases and 21 cases with exclusions, then your population is 636. According to the sampling size table (Table 1 in the Specifications Manual), you can submit 63 cases. The Specifications Manual can be found on the CMS *QualityNet* website.

Question 10: **Is there a way to look up the total Medicare claims for a reporting period for OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival and OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention?**

Yes. You can look up total Medicare claims for a chosen reporting period by running your quarterly Provider Participation Report (PPR) in the HQR system. To run the PPR, log into the HQR system and select *Program Reporting* from the main dashboard drop-down menu. From the Program Reporting drop-down options, select *Reporting Requirements* followed by *OQR*. Select the desired quarter from the *Encounter Quarter* options. Finally, you can choose to download a copy of the report by clicking the *Export CSV* button.